

SPECIAL EDUCATION CLASSES ARE HELD THE THIRD WEDNESDAY OF THE MONTH FROM 3:30-4:30 pm

STUDENT'S NAME \_\_\_\_\_  
(Last) (First) (Middle)

DATE OF BIRTH \_\_\_\_\_ GENDER BOY/GIRL  
(Circle one)

HOME ADDRESS \_\_\_\_\_  
(STREET) (APT #) (CITY) (ZIP)

HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_ RELIGION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_ RELIGION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

PLEASE LIST ANY CONDITIONS (LEGAL/MEDICAL) WE NEED TO KNOW:

FOOD ALLERGIES \_\_\_\_\_ MEDICAL CONDITIONS \_\_\_\_\_

LEGAL GUADIANSHIP STATUS: WITH PARENTS \_\_\_\_\_ OR OTHER \_\_\_\_\_

SPECIAL NEEDS DIAGNOSIS \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ IS THERE AN IEP ON FILE: \_\_\_\_\_

PLEASE CHECK OFF THE SACRAMENTS YOUR CHILD HAS RECEIVED:

- BAPTISM WHERE: \_\_\_\_\_
- 1<sup>ST</sup> CONFESSION WHERE: \_\_\_\_\_
- 1<sup>ST</sup> COMMUNION WHERE: \_\_\_\_\_
- CONFIRMATION WHERE: \_\_\_\_\_

IF APPLICABLE, CIRCLE YES-NO RESPONSES:

VISUALLY IMPAIRED:	YES	NO
HEARING IMPAIRED:	YES	NO
VERBAL OR NONVERBAL	YES	NO
DEVELOPMENTALLY DELAYED	YES	NO

SUGGESTIONS THAT WOULD AID US IN YOUR CHILD'S CATHOLIC EDUCATION (write on back, if needed)

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**\*\*\*\*\*THE ATTACHED WAIVER FORM MUST BE COMPLETED FOR ALL SPECIAL NEEDS IN-PERSON STUDENTS\*\*\*\*\***

**General Waiver for Parish Participation  
Corpus Christi Catholic Church**

**Parish Participation**

I give permission for \_\_\_\_\_ to attend \_\_\_\_\_ parish ("Parish"), realizing that there is some potential for injury and illness inherent in all such Parish activities. I acknowledge that Parish is using in good faith, reasonable efforts to implement the recommendations of the Centers for Disease Control and Prevention (CDC), Arizona Department of Education, and state and local health authorities in light of the unique needs and circumstances of the Parish community, and in order to allow for in-person learning while protecting students, teachers, administrators, and staff and helping slow the spread of COVID-19. While the CDC states that these efforts help lower the risk of COVID-19 exposure and spread during parish sessions and activities, they cannot eliminate all risk of exposure and transmission, and Parish cannot ensure my child's complete safety.

By allowing my child to attend the Parish in person, therefore, I specifically acknowledge and assume the risks and hazards associated with my child's participation in all parish activities, but not limited to, the risks associated with the novel COVID-19 virus. I understand that my child will be associating with teachers, administrators, staff and other children and may contract COVID-19, and other viruses and diseases, through my child's participation in activities at parish. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household.

I certify that my child is in good health and has no current issues that make it unsafe for my child to participate in Parish activities, which may not have a medical professional on staff. I will notify the Parish and not send my child to Parish or Parish functions if my child develops a fever or other symptoms of illness or tests positive for COVID-19. Furthermore, I will not send my child to Parish or Parish functions if my child is sick, has COVID-19 symptoms, or has been in close contact with someone who shows symptoms of or has been diagnosed with COVID-19 until after a 14 day exposure period has been exhausted for my child with no symptoms. I further agree that I will follow, and will take reasonable steps to ensure that my child will follow all rules, policies and guidelines of Parish in order to protect other students, teachers, administrators, and staff and help slow the spread of COVID-19.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the Parish, the Diocese of Phoenix, their insurers, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any injury or illness, including those related to COVID-19, that may occur to my child, me, or my household members due to my child's participation in the Parish activity.

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_